

APPLICATION FOR RENEWAL OF INSTRUCTOR CERTIFICATION

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN 7

INSTRUCTIONS

The Application for Renewal of Instructor Certification form is to be used by instructors to apply for renewal of their POST Board certification as a peace officer instructor. Instructor certification is valid for four years and must be renewed to enable peace officers to obtain continuing education credit for classes taught by an instructor.

Specific instructions for completing this form are as follows:

Name

The full name of the certified instructor should be printed in this area.

Instructor Number

The four digit instructor number that was assigned by the POST Board upon original instructor certification should be placed in this area.

Agency

The name of the agency that the instructor is employed by should be printed in this area.

Rank/Position

The rank or position that the instructor holds with the employing agency should be printed in this area.

Address

The physical mailing address of the instructor's employing agency should be printed in this area.

Phone

The telephone number that may be used to contact the instructor should be printed in this area.

POST Board approved instructor refresher training programs completed during the past four years.

The name, location and date of each of the instructor refresher training programs that the instructor completed over the past four years of certification should be listed in the appropriate columns. The Administrative Rules require that instructors complete at least one POST Board approved instructor refresher training session during the four years in order to renew instructor certification. Failure to complete the refresher training may cause the applicant to complete the entire process required for original certification.

List the areas you are requesting certification to teach and the instructor level training you have received that qualifies you to teach in each area.

The name of the topic area that the applicant is requesting renewal of instructor certification to teach should be printed in this area. The instructor level training that qualifies the applicant to teach should also be listed if the instructor is requesting the Board to grant certification in a new topic area.

Certification

The applicant instructor must sign and date this area, certifying that all information on the application is true and correct.

Approval and Recommendation

This area must be completed by having the agency administrator, the agency training officer, or both sign and date the application. No instructor certification or renewal of certification may be granted without the approval and recommendation of the administrator and/or training officer.

A copy of this application should be retained by the applicant/agency and the original sent to:
POST Board.
PO Box 1054
Bismarck ND 58502-1054



APPLICATION FOR RENEWAL OF INSTRUCTOR CERTIFICATION
PEACE OFFICER STANDARDS AND TRAINING BOARD
PFN 7

Name:	Instructor Number:	
Agency:	Rank/Position:	
Address:	Phone:	
POST Board approved instructor refresher training programs completed during the past four years:		
Course Title	Location	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
List the areas you are requesting certification to teach and the instructor level training you have received that qualifies you to teach in each area:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
NOTE: Please ensure that your department administrator or training officer completes his/her portion.		

CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature

Date

APPROVAL AND RECOMMENDATION

(must be completed by parent agency administrator and/or training officer)

I approve and recommend that the requested certification be awarded. To the best of my knowledge and belief, the applicant possesses the knowledge, ability and desire to provide effective instruction to peace officers.

Signature

Title

Date

Signature

Title

Date

Please retain a copy of this form and forward the original to: POST Board
PO Box 1054
Bismarck ND 58502-1054